



CHAI's Response to Covid in 2020

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Acknowledgements

The large-scale crisis caused by Covid-19 in India and across the world is unprecedented. The Catholic Health Association of India, a membership-based organization made serious efforts to provide relief to the people most affected by the pandemic.

The relief provided to the people during these testing times would not have been possible without the support, cooperation and trust of the partner organizations. CHAI is grateful to the organizations which have trusted in the efforts and supported these financially: Misereor, Missio, Hilton Foundation, Hilton Fund for Sisters, Italian Bishops Conference, Lilliane Foundation, Christopher Blindness Mission, University of Melbourne, Tata Trusts, friends from Australia and Ketto Campaign.

We are also thankful to Intent Health, Billion Lives, Tech Care 4 All, Christian Medical College-Vellore for the technical support.

We are able to reach the most affected people only because of the relentless support of the Member Institutions, Regional Units and Partner Organizations. Our sincere gratitude and acknowledgements for the services offered by these organizations.

Thanks also to the staff at CHAI Central Office for meaningfully involving in planning and rolling out the relief operations.

Rev. Dr. Mathew Abraham C.Ss.R, MD

Director-General, CHAI

Summary



25,285

Units of relief kits distributed



9515

Families benefited



24,730

Protective Suits provided



109

Hospitals supported



1,24,794

People reached through Awareness Programmes



₹ 91.3 million

Spent on Covid related projects

The following are the specific details of CHAI's Response to the first wave of Covid-19 in 2020.

Food & Hygiene Kits	
Total number of families benefited	9,515 families
Total units of relief kits distributed	25,285 units
Duration of the benefit	Two to six months
Geographical distribution	17 states
Number of implementing partners	87 Partner Organizations
Number of funding partners	Seven funding partners

PPE Kits	
Total number of PPE distributed	Face masks: 1,88,697; Face masks (3 ply): 2,29,100 N95 masks: 4,975 Hand sanitizers: 46,288 Protective suits: 24,730 Gloves (sterile & non-sterile): 2,14,340 IRT gun: 284 Alcohol swabs: 72,500 Pulse oximeters: 600 Face shields:2,337
Number of hospitals supported	99 hospitals
Duration of the benefit	Three to six months
Geographical distribution	20 states
Number of funding partners	8 funding partners

Awareness on Covid-19	
Total number of people reached	1,24,794
Number of implementing partners	87 Partner Organizations
Geographical coverage	17 States

Online Courses and Webinars	
Online courses through Medical Learning Hub	307 healthcare providers (doctors, hospital administrators, nurses and allied health workers)
University of Melbourne	52 sister-doctors
Online course on Covid-19 Preparedness by CMC-Vellore and Tata Trusts	<ul style="list-style-type: none"> ▪ Covid-19 Integrated Short Course: 49 healthcare providers ▪ Covid-19 Advanced Course in Critical Care: 98 healthcare providers
Webinars (9 webinars)	790 participants

Care and Treatment Services	
Member Institutes providing Covid-19 services	72 hospitals

Background

On 31st December 2019, the World Health Organization (WHO) China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. On 7th January 2020, Chinese authorities identified a new strain of Coronavirus as the causative agent for the disease. The virus has been renamed by WHO as SARS-CoV-2 and the disease caused by it as Covid-19.

India witnessed an outbreak of the coronavirus, in late January, 2020 when three Indian students travelled to the southern state of Kerala from Wuhan in China - the epicenter of the outbreak. All three tested positive for Covid-19, confirming a local contagion. At the same time, several other cases were detected in other parts of the country, most of which were linked to people with a travel history to affected countries. Infections increased rapidly since March, with a significant growth in testing.

The World Health Organization (WHO) on 12th March, 2020 announced the outbreak of the novel coronavirus disease (Covid-19) a pandemic. In order to control the spread of the virus, the Government of India imposed a nation-wide lockdown in the end of March.

The period from March – July, 2020 saw widespread panic and chaos, especially among migrant workers in the informal sector affected by lockdown. Also, this period saw a disruption in provision of routine health services with higher fall in immunisations, maternal health interventions, OPD services and treatments of conditions including kidney failure and cancer at least by 60% as compared to previous months and to March 2019.

Thousands of migrant workers had to return back to their native places on foot, cycle or any available means of transport because of the nation-wide lockdown. Apart from running out of money and rations, the migrants were unable to pay their house rents forcing them to return back to their respective places.

Indian migrant workers during the Covid-19 pandemic have faced multiple hardships. With factories and workplaces shut down due to the lockdown imposed in the country, millions of migrant workers had to deal with the loss of income, food shortages and uncertainty about their future. Following this, many of them and their families went hungry. Thousands of them then began walking back home, with no means of transport due to the lockdown. In response, the Central and State Governments took various measures to help them and later arranged transport for them. More than 300 migrant workers died due to the lockdown, with reasons ranging from starvation, suicides, exhaustion, road and rail accidents, and denial of timely medical care.

By the end of December, 2020 India had 10,340,469 confirmed cases (WHO Situation Report) and 149,649 Total Deaths. The battle against Covid-19 will be long and hard. With the number of positive cases and resulting deaths rising in India every day, more and more people are in need of support and care. While lockdowns and social distancing measures can flatten the curve of the pandemic, providing social, economic and emotional support to people is essential. In addition, building resilience of the healthcare system to manage the influx of patients is critical.

CHAI's Response: An Overview

CHAI's response to this emergency during the first wave was multi-pronged. CHAI is working with member institutions within its network, other healthcare networks, civil society organisations, and national and state governments. Dry food kits were provided to over 9,515 vulnerable families for a period of three to six months, especially those of the migrant labourers, in 17 states of the country through 87 implementing partners. More than 1,24,794 people were reached with Covid-19 awareness. PPE kits were supplied to over 110 hospitals for a duration of six months, in order to protect the care-givers. Several webinars and online courses were organized for about 2000 care-givers and managers of the hospitals. 72 member institutions of CHAI were involved in Covid care at different levels. Technology solutions like geo-tagging platform, procurement portal etc were used to promote efficiency and transparency.

This report details the emergency relief services provided by CHAI with the involvement of its Member Institutions (MIs). The emergency relief work undertaken by CHAI has been divided into four categories and this report describes the processes, innovations and outcomes under each category:

- 1. Food and Hygiene kits for Economically Vulnerable Families**
- 2. Awareness Among People on Covid Appropriate Behaviour**
- 3. Personal Protective Equipment (PPE) for Hospitals**
- 4. Training for Healthcare Providers**
- 5. Collaboration with Government**

Food and Hygiene Kits for Economically Vulnerable Families

CHAI's response to this emergency during the first wave was multi-pronged. The national lockdown imposed by Government to control the spread of corona virus caused tremendous suffering, particularly among people from low economic background mainly migrant workers and daily wage labourers. With no source of income and accommodation lakhs of people across the country faced severe challenges for basic survival. In order to provide immediate relief to these people, relief kits comprising of dry ration and hygiene material including soaps and masks to protect from transmission of corona virus were provided.

A total of 9,515 families from low economic background were supported for a duration of three to six months in 17 states through 87 implementing partners. The beneficiaries were from the poor economic background including migrant labourers, daily wage workers, single women headed families. Households with children, disabled, aged and terminally ill were given priority. The relief kits comprised of dry ration: rice, wheat flour (atta), pulses, oil and sugar or jaggery. The kits also comprised of hygiene material: face masks, bathing and washing soaps. Around 25,285 units of relief kits were provided among 9,515 families benefitting close to 1,26,425 individuals for six months. A unique aspect of this relief support has been reaching out to the same families so that at least these families do not have to worry about their most basic need of food and focus on livelihood, health, accommodation and other basic needs.

Planning and Implementation Process

In order to ensure transparency and efficiency the following process was followed:

- **Expression of Interest (Eoi):** CHAI called for an Eoi from Member Institutions and existing partners to be able to support these families across states.
- **Selection:** A total 124 Eois/applications were received of which 56 partners were selected for the field level implementation. Along with 56 partners, additionally 31 partners that are already implementing Community Health and programme focused on CABA are included.
- **Orientation:** The selected implementing partners were oriented on the project through Zoom meetings. The orientation covered various topics including process and criteria for selection of vulnerable families, financial procedures to be followed, documentation & reporting through geo-tagging.
- **Vendor Selection:** Each implementing partner was required to obtain three quotes from local vendors to supply the food kits. The Procurement Committee selected the most appropriate vendors and money was transferred directly to the vendors. This process facilitated financial transparency and selection of best vendors at all the geographic locations.

- **Geo-tagging app:** In partnership with Billion Lives, an innovative electronic monitoring system is developed used through which the information related to the place of kits distribution, number of kits distributed, date and time would be captured along with the geolocation coordinates on platform.

This can be viewed in an interactive dashboard in the below links

chai.coronacare.life/BackOffice/map/DashboardReport

chai.coronacare.life/backoffice/map/IndiaReport

Challenges & Mitigating Measures

During the implementation, the partners faced several challenges and they also tried to mitigate those with their rapport with the local government officials and technical support from CHAI. Following are the details of challenges faced and the mitigation measures undertaken:

Challenges	Mitigation Measures
With sudden increase of Covid-19 cases across several states, containment zones have increased due to that the MIs faced difficulty in reaching the target groups because physical isolation and barriers imposed by Government	The MIs took permission from the Police and Government officials to enter in to containment zones.
Heavy rains in Jharkhand affected the distribution of kits	Distribution of kits in these localities was stopped for few days and was continued after the rains subsided.
Few of the MI incharges and project team got infected with coronavirus.	Treatment was initiated for the team and the distribution of kits was resumed after their recovery.
Other families in same communities also requested for the kits	Involvement of community leaders was sought by the MIs to explain to the purpose for provision of relief kits to specific families.
Due to lock down in some tribal areas transportation was not there for sisters to reach the villages.	In such areas the beneficiaries were asked to come half way to collect the kits
Due to lockdown and lack of transportation MIs faced difficulty in reaching the beneficiaries	Sisters walked some way and took bullock carts to transport the kits to the villages
In some areas the vendors refused to give the kits in advance	CHAI Central Office arranged to pay the full amount to the vendors and ensure to get the kits to MIs in advance for distribution.
Protection of field teams from Covid-19	Field staff were trained on safety measures to be practised and were provided with masks, sanitizers and gloves.

The support provided to the communities was very helpful to feed their family members including children, aged and sick. Health education also helped the communities to prevent the spread of corona virus and changed their behavior to practice the habits like handwashing, wearing the mask and maintaining social distancing.

Awareness Among People on Covid Appropriate Behaviour

The rapid spread of Covid-19 as well as the lack of understanding and preparedness to deal with it have led to anxiety and fear. The spread of fake news and misinformation on social media platforms has further led to stigmatization and social isolation of people and communities affected by the virus. During such a time, there is a need to spread awareness and continually engage in effective behavioural change strategies to ensure that norms of physical distancing and hygiene routines are followed.

Apart from relief kits, the people were also reached with awareness on prevention practices such as hand washing, social distancing, use of face masks, etc. More than 1,24,794 people were reached with Covid-19 awareness.

CHAI developed videos on the following themes:

- Awareness on Covid-19 (02 videos)
- Prevention on Covid-19 (02 videos)
- Awareness on Home & Center based Quarantine (01 video)
- Psychosocial Support for Children during Covid -19 (01 video).

These videos are developed within the capacity of partner organization using local resources without violating local lockdown and containment zone rules. These videos further translated in 6 regional languages (Telugu, Tamil, Oriya, Marathi, Malayalam and Kannada) and used by CBR workers/ DPO members to spread for mass awareness. Total 18 videos have been developed in regional languages.

CHAI also developed the various communication cards as awareness materials and translated into 6 regional languages (Telugu, Tamil, Oriya, Marathi, Malayalam and Kannada) on varied themes.

- What to do during Covid-19 ?
- About corona virus/Covid-19
- Where can you go during Covid-19 ?

Personal Protective Equipment (PPE) For Hospitals

With the number of positive cases and resulting deaths rising in India every day, a lot more people are in need of support and care. In addition, building resilience of the care givers is crucial to sustain the battle. To address this situation, CHAI conducted a rapid survey among the hospitals within the network, in order to identify the capacities to provide care to patients, and the materials required for the same.

To ensure the safety of the healthcare providers including doctors, nurses and other support staff working in the MIs, PPE kits were supplied to over 99 hospitals for a duration of six months, in order to protect the care-givers. Vast majority of these hospitals are involved in providing services for Covid-19 and are spread across 20 states. The PPE kits include: face masks, 3ply face masks, hand sanitizers, alcohol swabs, hand gloves latex, hand gloves nitrile, N95 masks, PPE suites and IR temperature guns.

Apart from the PPE kits mentioned above, 60 hospitals were supported with additional equipment which included: pulse oximeters, laptop and printer, and financial support of Rs. 30,000/hospital for need-based infrastructure development/renovation.

In addition to this, CHAI in collaboration with Tata Trust, supported 14 of our hospitals with PPE, directly delivered by Tata Trust. Further, CHAI's Palliative Care Centre "Pratyasha" was supported with 150 units of PPE kits which are being used by the care givers for provision of institution-based (both in-patient and out-patient) and home-based palliative care services.

Planning and Implementation Process

The following process was followed to ensure due diligence, transparency and cost-effectiveness:

Expression of Interest (Eoi) and Selection: CHAI called for an Eoi from hospitals using Survey Monkey for collecting the information. This process helped to get all the required data from the hospitals in less time and analysis of the data also happened simultaneously. Hospitals to be supported with PPE kits were finalized using various criterion including their involvement in provision of Covid-19 services, geographic location, collaboration with Government, bed capacity and whether they are being supported by other organizations for providing treatment for Covid-19. The following is the categorization of hospitals/facilities done by Government and the hospitals selected were offering any one of the following services:

- Covid Care Center (CCC)
- Designated Covid Health Center (DCHC)
- Dedicated Covid Hospital (DCH) and
- Quarantine / Isolation Center

Signing of MoU & Orientation to the MIs: The selected hospitals were oriented on the PPE kits support being provided through virtual meeting held over Zoom. The orientation included detailing on list of items in each PPE kit, quantity of kits to be provided during the six months duration, usage requirements and the registers to be maintained at the hospitals to record the purpose, quantity and type of item used, reporting structure and financial procedures. A Memorandum of Understanding (MoU) between CHAI and each/respective hospitals was signed wherein the details of engagement were described.

Innovation - Web-portal “Medigate”

CHAI had earlier developed an online procurement portal “Medigate” for the hospitals in the network and this was leveraged for the procurement and supply of PPE kits since it was an existing system the hospitals were using. The hospitals were also oriented about “Medigate” web portal developed by CHAI in partnership with Intent Health, technical partner. The hospitals could place their respective purchase orders on Medigate and the same will be processed till the kits are deployed at respective hospitals.

Vendor selection, contents of kits, quantity and quality-check of PPE kits

As per the Procurement Policy of CHAI, for procurement of any product/ equipment whose monetary value is Rs. 5,000 and more, three quotations from vendors selling the concerned/required product/ equipment are to be collected. These three quotations are compared using a criterion comprising of parameters including price, model and technical specifications, warranty, after sales service and other relevant details. Based on the findings of the comparative analysis, the vendor is finalized by the Procurement Committee. A Purchase Order is placed with the selected vendor for sale/supply of the required product/ equipment. The payment to the vendor is made based on the purchase conditions discussed and decided, however it is ensured that amount is paid either through cheque or account transfer. Considering the quantities of the PPE kits and the items in each kit were significantly high and also the supplies were to be provided for six months, seven quotations were collected for finalization of the best vendor. Also, the prices quoted on the date of submission of quotation were finalized in order to avoid any financial losses/additional payments resulting from price fluctuations.

Classification into large and small hospitals

In order to ensure that hospitals receive the PPE kits proportionate to their infrastructure and technical capacity, these were classified as large and small hospitals. The large hospitals have the bed capacity of 100 and above and small hospitals have bed capacity of less than 100.

PPE Support Satisfaction Survey

The purpose of the satisfaction survey was to get the feedback from the hospitals about the PPE Kits, the process of delivery, quality of the

products and to assess if the products are as per the need of the MI's. The questionnaire covered the following aspects:

- Feedback on the process of e-procurement platform (Medigate)
- Feedback on the quality of the packing of the PPE Kits and the timely delivery.
- Rating on the quality of the PPE Kit - Item-wise quality and overall quality of the products.
- Rating on the overall PPE support provided to hospitals

Below is the consolidated feedback from the hospitals:

Sl. No	Description	Very Satisfied	Somewhat Satisfied	Neither Satisfied/ Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
1	Overall rating of the process of registration on the Medigate portal?	90 %	10 %	--	--	--
2	Overall rating on the process of placing an order on the Medigate portal?	94 %	6 %	--	--	--
3	Overall rating on the quality of the packing of the PPE kit?	63 %	33 %	--	3 %	--
4	Overall rating on the timing of the delivery of the PPE kit? Was it delivered in time?	73 %	27 %	--	--	--
5	Overall rating on the quality of the items in the PPE kit?	97 %	3 %	--	--	--
6	Were the Items in the PPE Kit useful and relevant to the Covid-19 / General treatment	100 %	--	--	--	--
7	Overall performance / rating for the PPE Kit Support provided to the MI	100 %	--	--	--	--

Details of Usage

The hospitals maintained separate registers to record the specific use of PPE kits. The below table captures the details of the kits used for the purpose of providing Covid-19 and non-Covid-19 services. The source of information for the table are reports shared by the hospitals which were generated from the data recorded in registers.

PPE Kits Details: Small hospital (less than 100 beds)

Donor Organization	Face masks	Face masks (3 ply)	N95 masks	Hand sanitizers	Protective suits	Gloves (sterile & non-sterile)	IRT gun	Alcohol swabs	Pulse oximeters	Face shields
Misereor/ Begeca	4,000	6,000	1,000	240 (1000 ml)	3,400	18,000	20	4,000		
Hilton Foundation	2,525	5,400	900	225 (1000 ml)	3,330	11,700	18	2,700		
Misereor (SDFI)	37,500	60,000	-	15,000 (500ml)	2,000 (re-usable)	37,500	50	15,000	250	
Hilton Fund for Sisters (Pratyasha)	600	600	200	12 (500ml)	100	1600	-	-	-	
Artma Foundation	100	100	25	5 (500ml)	50	400	-	200	-	
Appeal Letters	200	300	50	12 (500ml)	170	900	1	200	-	
Misereor (CHP)	28,872			594 (500ml)		2,340				2,337
Total	73,797	72,300	2,175	16,088	9,050	72,440	88	22,100	250	2,337

PPE Kits Usage Details: Large hospital (more than 100 beds)

Donor Organization	Face masks	Face masks (3 ply)	N95 masks	Hand sanitizers	Protective suits	Gloves (sterile & non-sterile)	IRT gun	Alcohol swabs	Pulse oximeters
Misereor/ Begeca	4,000	6,000	1,000	250 (1000 ml)	3,700	13,000	20	3,000	
Hilton Foundation	1,600	5,400	900	225 (1000 ml)	3,330	11,700	18	2,700	
Misereor (SDFI)	1,05,500	1,40,000	-	29,500 (500ml)	5,250 (re-usable)	1,05,500	140	42,000	350
Italian Bishops Conference	3,800	5,400	900	225 (1000 ml)	3,400	11,700	18	2,700	
Total	1,14,900	1,56,800	2,800	30,200	15,680	1,41,900	196	50,400	350

The hospitals shared that the support of PPE kits for a significant period of six months has been very useful in many ways, particularly in continuing the delivery of non-Covid-19 services and also for the treatment and care of those infected with corona virus. The hospitals also acknowledged the systematic and transparent process followed for the project and also the back-end support provided with assistance for clarifications in matters pertaining to damages caused during transit, timely delivery of kits and maintenance of registers.

Training for Healthcare Providers

Given the need to practice preventive measures of social distancing and lockdown associated travel restrictions; and the need to acquire knowledge and skills to manage the healthcare facilities and for patient management training is being provided to various cadres of healthcare providers on Covid-19 through online courses.

CHAI Academy and Medical Learning Hub (MLH)

In partnership with Tech Care 4 All (TC4A), its web-based platform MLH was used to organize online courses on Covid-19. Separate courses for doctors, nurses and allied healthcare workers, community workers and administrators/directors are offered. These are self-paced courses that could be done at convenience and are divided into chapters and various units. Certificate is issued to the participant on the successful completion of the course. The content for these courses are drawn from the materials from WHO, MoHFW and various universities. Below is the duration of each course:

1. Hospital Directors, Administrators and management team (7 Hrs)
2. Nurses and allied healthcare providers (6 Hrs)
3. Doctors (8 Hrs)
4. Community health providers (6 Hrs)

Below are the details of various cadres of healthcare providers who have completed the courses:

Cadres of Healthcare Providers	Number of Healthcare Providers Completing the Course
Community Health Workers	17
Hospital Administrators/Directors	12
Nurses and allied health professionals	241
Doctors	37
Total	307

Online Course by University of Melbourne: Communicating: Covid 19

CHAI in partnership with the University of Melbourne facilitated the roll-out of online course for sister doctors, titled „Communicating: Covid 19“. This course is designed to help clinicians communicate with patients, caretakers and the community effectively regarding the Covid pandemic. 55 sister-doctors have enrolled for the course of which 52 of them were able to successfully complete the course.

Covid-19 Preparedness

CMC-Vellore in collaboration with Tata Trusts has created two online courses for Covid-19 preparedness. These two courses help to build technical knowledge and skills of various cadres of healthcare workers including doctors, nurses and technicians. The courses are in online format, are self-paced and tailor made for healthcare workers to work in various types of Covid-19 facilities including CCC, DCHC and DCH. The courses are in two categories:

1. Covid-19 Integrated Short Course
2. Covid-19 Advanced Course in Critical Care

CHAI in partnership with Sister Doctors Forum of India (SDFI), Tata Trust and CMC Vellore facilitated the enrolment of healthcare providers from its MIs into the two courses. A total of 49 and 98 healthcare providers enrolled in the Covid-19 Advanced Course in Critical Care and Covid-19 Integrated Short Course, respectively.

Webinars

CHAI organized a series of webinars on long-term sustainability, mostly for those who are in healthcare leadership of the network. Eminent speakers from within and outside the CHAI network spoke on a range of topics in order to sensitize the leadership on innovation, sustainability and optimization, especially in the midst of the Covid crisis. A summary of the webinars launched thus far include:

- **Webinar 1:** Preparing your Hospital for Covid 19: Basic Steps
- **Webinar 2:** Preparing your Hospital for Covid 19: Basic Steps – Part 2
- **Webinar 3:** How to work with local governments
- **Webinar 4:** Financial sustainability of CHAI hospitals
- **Webinar 5:** Tele-Health solutions
- **Webinar 6:** Smart Procurement
- **Webinar 7:** Leveraging Data
- **Webinar 8:** Covid – 19 Preparedness
- **Webinar 9:** Theology and the Pandemic of Covid-19

A total of 790 participants from various hospitals and other organizations had attended the above nine webinars.

Collaboration with Government

Collaboration with Government at state and district levels was facilitated with 72 MIs for provision of Covid-19 services. Depending upon the local authority, some hospitals could sign MoUs with the government and were supported with PPE kits, staff, financial support and so on. Some authorities were not willing to sign MoUs. Most of these institutions were involved in providing various services including screening, fever clinics, quarantine/isolation, and treatment of mild and moderate cases and referral of critical cases to designated tertiary care facilities.

Financial Summary

S.No	Projects	Budget (INR)
1	Begeca	1,04,99,174
2	Hilton Foundation	29,91,654
3	Ketto Campaign	38,451
4	Misereor	8,32,459
5	Misereor (Staff/Training)	27,87,589
6	Italian Bishops Conference	25,30,243
7	Friends from Australia	1275480
8	Hilton Fund for Sisters	7,50,434
9	CBM	10,50,000
10	Missio	31,50,471
11	Lilliane Foundation	58,04,411
12	Begeca (Sister Doctors)	2,14,99,174
13	Misereor (Sister Doctors)	1,58,70,000
14	Misereor CABA Project	1,19,05,800
15	Misereor Sochara Programme	52,00,000
16	Misereor Community Health Project	51,08,853
	TOTAL	9,12,94,193.00

List of Partner Organizations involved in distribution of food & hygiene kits and creating awareness on Covid-19

Sl No.	Name of MI	State
1	JMJ Social Service Society	Andhra Pradesh
2	Holy Spirit Care and support Centre	
3	OLF-pourmamilla	
4	Vianney Home for the Physically Handicapped	
5	Visakhapatnam Diocesan Social Service Society	
6	Society of the Congregation of the Sisters of the Cross of Chavanod	
7	JMJ Social Service Society	
8	Mariyanilayam Social Service Society	
9	NityaSahayaMathaNilayam	
10	St. Ann's Hospital	
11	St.Vincent Convent	
12	Holy Spirit Hospital	Assam
13	Mary Ward Health centre	Bihar
14	Holy Family Health care centre	
15	Navjyoti health Centre	
16	Holy Family Health care centre	Chhattisgarh
17	Jesus Mary Joseph social service society	
18	Jeevan Jyoti Health Centre	
19	Pushpa Hospital	Delhi
20	Jivodaya Hospital	
21	NavJeevan Trust	Gujarat
22	Divya Chhaya Society	
23	Holy Cross Institute	Jharkhand
24	Nishkalanka Health Centre	
25	Mercy hospital	
26	Kottayam Social Service Society	Kerala
27	Vincentan Service Society Centre	
28	Malabar Social Service Society	
29	Santhigiri Charitable Society	
30	Tellicherry Social Service Society	
31	Hope - Anti Addiction Action Group	Karnataka
32	MOB Rural Health Centre	
33	Mother Theresa Charitable Hospital Trust	

Sl No.	Name of MI	State
34	Manav Vikas	Madhya Pradesh
35	Sanjo Social Centre, Banda	
36	Jeevan Jyothi Health services	
37	Samritan Social service society	
38	MVSS (Manav Vikas Seva Sangh)	
39	Loksamgraha Social Service Society	Maharashtra
40	Medical Mission Secular Institute	
41	Dilasagram Society	
42	Sangli Mission Society	
43	Society of Sisters of the St. John	
44	MathaVihar Nursing Home	Odisha
45	Vijaya Sadan Health Centre	
46	Maria Bhawan Dispensary	
47	St Rosa Health Centre	
48	St Joseph Dispensary	
49	Doya Health Centre	
50	Vikas	
51	SNDYAP	
52	Balasore Social Service Society	Rajasthan
53	JeevandharaSamajKalyanSanstha	
54	PMSSS Pudukotai Multipurpose Social Service Centre	Tamil Nadu
55	SahayaMatha Hospital	
56	Leonard Hospital	
57	CRIFE	
58	Arockia Hospital	
59	Preshitha Social Service Society	
60	Krupalaya	
61	PARA	
62	Catholic Health Association of Tamilnadu	
63	Nirmala Rani Health Centre	
64	Sneha Sadan	
65	St.Joseph Hospital	
66	SJDT	
67	SOCSEAD	
68	Jeevan Jyoti Hospice	

Sl No.	Name of MI	State
69	St Vincent Social Service Centre	Telangana
70	St Joseph Seva Nilayam	
71	Nirmaladasi Social Service Society	
72	Commitments Trust	
73	DSSS-Khammam	
74	Lodi MSSS	
75	Karunalyam	
76	KarunasraySramikSewa Kendra	Uttar Pradesh
77	St Joseph Health Centre	
78	Holy Cross Hospital	
79	Social Action Center	
80	Shantiniketan Social Service society	
81	Varanasi medical society	
82	St Martin de Porres Hospital	
83	Holy Cross Hospital	West Bengal
84	St Joslephs Dispensary Pudung	
85	Loyola Health care center	
86	Divine Saviour Health Center	

List of Member Institutes to who the PPE Kits were supplied in response to Covid-19

Sl. No.	Member Institute/Hospital	State
1	Pillar Health Centre	Andaman and Nicobar Islands
2	Mother Vannini Hospital	Andhra Pradesh
3	St Joseph's General Hospital	
4	St. Ann's Hospital	
5	Fr. Luigi Pozzoli Memorial Hospital	
6	Canossa Hospital	
7	Jyothi Health Center	
8	Catholic Hospital	
9	Orsini Care Home (De-Addiction Counselling & Rehabilitation Centre)	
10	Nirmala Hospital	Bihar
11	Mary Ward Health Centre	
12	Kurji Holy Family Hospital	
13	Holy Cross Hospital	Chhattisgarh
14	JMJ Morning Star Hospital	
15	Pushpa Hospital	
16	Jivodaya Hospital	Delhi
17	Christ Hospital	Gujarat
18	Divya Chhaya Hospital	
19	Our Lady Pillar Hospital	
20	Daya Sadan Davakhana	
21	Nivalda Dispensary	
22	St Joseph's Hospital	Jammu & Kashmir
23	St Luke's Health Centre	Jharkhand
24	St. Ursula Hospital	
25	The Koderma Holy Family Hospital	
26	St Angela Hospital	
27	Holy Cross Hospital	
28	Mercy Hospital	
29	Krist Raja Health Centre	
30	Holy Cross Community Health Care Centre	

Sl. No.	Member Institute/Hospital	State
31	Fr L M Pinto Health Centre Charitable Trust	Karnataka
32	Mother Theresa Charitable Hospital Trust	
33	St.Anne's Hospital	
34	St.Ignatius Hospital	
35	St. Mary's hospital	
36	Assisi Hospital	
37	Nirmala Health Center	
38	St. Philomena's Hospital	
39	Assumption Hospital	
40	Caritas Hospital	
41	St.Peter's Hospital	
42	St. Mary's Hospital	
43	Bethany hospital	
44	AssissiMission Hospital	
45	P. S. Mission Hospital	Madhya Pradesh
46	Jeevan Jyoti Hospital	
47	St Francis Hospital and Research Centre	
48	Catholic Hospital	
49	St.Theresa Mission Hospital	
50	Sanjeevani Health Centre	Maharashtra
51	Karuna Hospital	
52	Christ Hospital	
53	Dayasagar Hospital	
54	Holy Cross Hospital	
55	Holy Family Hospital	
56	Holy Spirit Hospital	
57	St. Ann's Luzern Hospital	
58	St. Elizabeth Hospital	
59	St. Joseph's Hospital	
60	St. Luke's hospital	
61	Ashadham Hospital	Rajasthan
62	St. Francis Hospital and Nursing School	

Sl. No.	Member Institute/Hospital	State
63	Arockia Hospital (Maria Mater Hospital)	Tamil Nadu
64	Cohaj Hospital	
65	Our Lady of Health Hospital	
66	SagayaAnnai Hospital	
67	Sagayamatha Hospital	
68	St Joseph's Hospital	
69	St Mary's Hospital	
70	St. Joseph Health Centre	
71	St.Joseph Hospital	
72	St Mary's Hospital	
73	Leonard Hospital	
74	St Anne's hospital	
75	ArokiaMadhaNilayam Hospital	
76	Nirmala hospital	
77	St Joseph Hospital	
78	St Thomas Hospital	
79	St Joseph's Hospital	
80	St. Joseph Hospital	
81	Mother Joseph Hospital	
82	Franclare Health Centre	
83	Nagle Health Center	
84	Sophia Hospital	
85	Pratyasha Palliative Care Centre, CHAI Training Centre	
86	St Ann's Hospital	
87	St. Theresa's Hospital	
88	St. Joseph's hospital	
89	ArogyamathaUdumala Hospital	Uttar Pradesh
90	Karunashray Hospital	
91	St. Marys Hospital	
92	St.Jude's Hospital	
93	Mariam Tresia Health Centre	
94	St Martin de Porres Hospital	West Bengal
95	Navjeevan Hospital and Rural Health Care Centre	
96	Holy Cross Hospital	
97	Loyola Health Care Centre	Pondicherry
98	Immaculate Institute of Health Sciences	
99	Sacred Heart Hospital	Punjab





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